



ENROLLMENT VERIFICATION FORM

REQUEST FOR A STATEMENT OF ACADEMIC STANDING OR DEGREE

Student Name _____ Date _____

Rhodes ID Number _____ Grad Year _____

Please prepare a Statement of Academic Standing / Degree

_____ Include current cumulative g. p. a. (optional)

Mail To: _____

Name _____

Institution _____

Address _____

City, St, Zip _____

Will pick up _____

Student Signature _____